

Additional Required Training Topics: Disaster Preparedness, Response, and Recovery

Preparedness take place before the emergency

An action plan that lets affected individuals know what to do in particular disaster situations and how to be prepared in advance. This plan should include supplies, protocols and practices. Providers may use the Emergency Preparedness, Response and Recovery template provided by Child Care Licensing, or they may create their own form and plan.



Here are some steps you can take to help keep providers, caregivers, additional staff, and the children in your care safe and healthy when an emergency happens:

- Prepare an emergency kit that includes a 3-day supply of necessities for each person, such as food, medicine, water, games, flashlight, and special items to help keep your children calm during an emergency.
- Make a plan to contact children's guardians and for reunification.
- Talk with staff about the different types of emergencies that can happen in your area and the warning signs for those emergencies.
- Be informed, stay informed and get vital information, such as emergency warnings and alerts, from reliable news sources and your local emergency management agency.

More information about emergency plans, emergency supply kits, potential disasters, and how to get involved in Utah's preparedness efforts can be found at Be Ready Utah.

Response begins the moment you are alerted to an impending emergency and continues as the emergency occurs.

- Providers must take immediate protective measures. Depending on the type and severity of the emergency, providers may need to turn off the gas, water and/or power.
- Providers shall follow procedures used to call for emergency medical assistance.
- Depending on the emergency, authorities may ask you to stay where you are "shelter in place", or they may recommend that you go somewhere else "evacuate".
- Render first aid to injured persons.
- Contact Child Care Licensing

Recovery happens as soon as the emergency is over.

Efforts are focused on food, water, shelter, safety, and the emotional needs of those impacted at this time. The Recovery Phase is likely to involve external emergency services. The priority during this phase is the safety and well being of the children, employees and other involved persons, the minimization of the emergency itself, the removal or minimization of the threat of further injury or damage, and the re-establishment of external services such as power, communications, water etc.

Regardless of a child's age, they may feel upset or have other strong emotions after an emergency. Some children react right away, while others may show signs of difficulty much later. How children react or common signs of distress can vary according to age. Children who have practiced emergency drills and feel safe and secure, with a return to routine after an emergency, will cope best. Providers should still expect emotional and behavioral outbursts for a time after an emergency situation as they recover from the stressful event.

Pediatric first aid and cardio pulmonary resuscitation (CPR)

To learn CPR properly, take an accredited first-aid training course, including CPR and how to use an automated external defibrillator (AED). If you are untrained and have immediate access to a phone, call 911 before beginning CPR. The dispatcher can instruct you in the proper procedures until help arrives.



Before starting **CPR**, check:

- Is the **environment** safe for the person?
- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "**Are you OK?**"
- If the person doesn't respond and two people are available, have one person call 911 or the local emergency number and get the AED, if one is available, and have the other person begin CPR.
- If you are alone and have immediate access to a telephone, call 911 or your local emergency number before beginning CPR. Place the phone on speaker so you have two hands to work with. Get the AED, if one is available.
- As soon as an AED is available, deliver one shock if instructed by the device, then begin CPR.

CPR for Children 4 weeks - 1 year old

Compressions - Restore Blood Circulation

1. Place the baby on their back on a firm, flat surface, such as a table. The floor or ground also will do.
2. Imagine a horizontal line drawn between the baby's nipples. Place two fingers of one hand just below this line, in the center of the chest.
3. Gently compress the chest about 1.5 inches (about 4 centimeters).
4. Count aloud as you pump



To keep a good pace of compressions use the tempo of one of these songs that are all about 100 beats per minute:

1. Staying Alive by the Bee Gees
2. Dancing Queen by ABBA
3. Cecilia by Simon and Garfunkel
4. Hard To Handle by The Black Crowes

Airway

After 30 compressions, gently tip the head back by lifting the chin with one hand and pushing down on the forehead with the other hand.



Breathing

1. Cover the baby's mouth and nose with your mouth.
2. Prepare to give two rescue breaths. Use the strength of your cheeks to deliver gentle puffs of air (instead of deep breaths from your lungs) to slowly breathe into the baby's mouth one time, taking one second for the breath.
3. If the baby's chest still doesn't rise, continue chest compressions.
4. Give two breaths after every 30 chest compressions.

CPR for Children 1 year old - Puberty

Compressions

1. Put the child on their back on a firm surface.
2. Kneel next to the child's neck and shoulders.
3. Use two hands, or only one hand if the child is very small, to perform chest compressions.
4. If you haven't been trained in CPR, continue chest compressions until there are signs of movement or until emergency medical personnel take over. If you have been trained in CPR, go on to opening the airway and rescue breathing.



Airway

If you're trained in CPR and you've performed 30 chest compressions, open the child's airway using the head-tilt, chin-lift maneuver. Put your palm on the child's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.

Breathing: 30 compressions followed by 2 breaths = one cycle

1. Pinch the nostrils shut for mouth-to-mouth breathing and cover the child's mouth with yours, making a seal.
2. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.
3. After the two breaths, immediately begin the next cycle of compressions and breaths.
4. Continue until help arrives.

First Aid

To learn First Aid take an accredited first-aid training course and get certified.

Preserve Life

Your first aim is to preserve life by carrying out emergency first aid procedures. Remember, this includes your own life! You should never put yourself or others in danger.

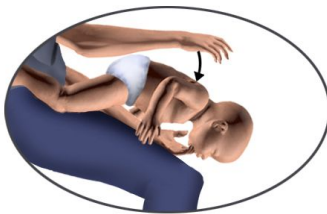


Prevent Deterioration

The second aim of first aid is to prevent the injured individual's condition from deteriorating any further. For example, ask a person with a broken limb to stay still and place padding around the injury to prevent the fracture from moving and causing further injury or pain.

Promote Recovery

Simple first aid can significantly affect the long-term recovery of an injury. For example, quickly cooling a burn will reduce the risk of long-term scarring and will encourage early healing.



Back Blows: If an Infant is Choking

- Lay the infant face down, along your forearm. Use your thigh or lap for support. Hold the infant's chest in your hand and jaw with your fingers. Point the infant's head downward, lower than the body.
- Give up to 5 quick, forceful blows between the infant's shoulder blades. Use the heel of your free hand.

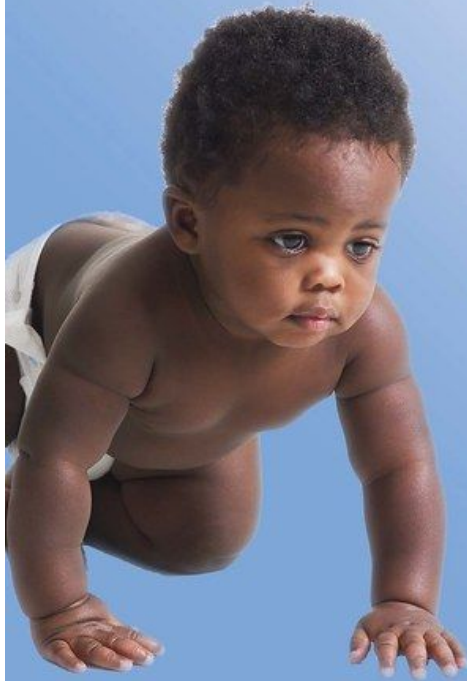
Signs of True Choking:

Inability to cry or make much sound
Weak, ineffective coughing
Soft or high-pitched sounds while inhaling
Difficulty breathing - ribs and chest retract
Bluish skin color
Loss of consciousness if blockage is not cleared

Not Choking

Gagging is a natural reflex to defend against choking - do not intervene when a child is gagging
Coughing or loud noises indicate the airway is not blocked - give the child a chance to work through it on their own
Vomiting resulting from gagging and coughing.

It's the Small Things...



Prevent Choking!

Keep small objects like marbles, balloons, small balls, and coins off the floor and out of reach of children.



Childproof your home — Keep your baby safe.

This alert was produced by CPSC's Neighborhood Safety Network program. Sign up to receive free NSN safety alerts and posters at



U.S. Consumer Product Safety Commission

CPSC hotline: 800-638-2772
and 800-638-8270 (TTY)

www.cpsc.gov

NSN-5

Additional Required Training Topics:

Children with Special Needs

The Americans with Disabilities Act (ADA)

The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, they must provide children and parents with disabilities with an equal opportunity to participate in child care programs.

Child care providers cannot exclude children with disabilities from their programs unless their presence would pose a direct threat to the health or safety of others or require a fundamental alteration of the program. Child care providers must make reasonable modifications unless doing so would constitute a fundamental alteration or undue burden.

Rocky Mountain ADA is a resource for businesses, individuals and organizations needing guidance on ADA compliance: rockymountainada.org



Benefits of Inclusive Child Care

Inclusive child care can be beneficial, both for the child with a special need and more typical children in an inclusion classroom. Some of the benefits of inclusive child care for children with special needs include:

- Exposure to a wider variety of challenging activities.
- Opportunities to learn at their own pace in a supportive environment.
- Chances to build relationships with caring adults other than parents.

Typically developing children can also benefit from interacting with a child with a special need in their child care program. Benefits of inclusive child care for typically developing children include:

- Increased appreciation and acceptance of individual differences.
- Increased empathy for others.

Preparation for adult life in an inclusive society.
Opportunities to master activities by practicing and teaching others.

Caregivers make inclusion a positive experience for everyone by:

Facilitating interactions and play between children who are differently abled, especially if the child with special needs has difficulty communicating in a way that another child can understand.

Creating a sense of community, where every person is valued as a unique individual who has something to contribute and where everyone is responsible for caring for one other.

Communicate with Parent and Guardians



Language - from the diagnosis, to whether a family prefers the label disability or special needs, to how they talk about adaptive equipment - language matters!

Child's care needs - just like any child in care you will need to know if they need assistance with toilet training, self feeding, and mobility.

Accommodations - What can caregivers do to minimize obstacles and challenges? In what areas does the child excel? How can caregivers help them thrive?



Care Plan for Children with Special Health Care Needs

Children with special health care needs are defined as “...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.

Caring for Our Children suggests a Routine and Emergent Care Plan including:

1. A list of the child’s diagnosis/diagnoses;
2. Contact information for the primary care provider and any relevant sub-specialists (i.e., endocrinologists, oncologists, etc.);
3. Medications to be administered on a scheduled basis;
4. Medications to be administered on an emergent basis with clearly stated parameters, signs, and symptoms that warrant giving the medication written in lay language;
5. Procedures to be performed;
6. Allergies;
7. Dietary modifications required for the health of the child;
8. Activity modifications;
9. Environmental modifications;
10. Stimulus that initiates or precipitates a reaction or series of reactions (triggers) to avoid;
11. Symptoms for caregivers/teachers to observe;
12. Behavioral modifications;
13. Emergency response plans - both if the child has medical emergency and special factors to consider in emergency, like a fire;
14. Suggested special skills training and education for staff.

Examples of Possible Accommodations

Condition	Challenge	Possible Accommodation
Nonverbal	Communication is limited and the child is frustrated	Sign language, use of picture cards, or a tablet
Sensory Processing Disorder	Overwhelmed by loud noises	Provide a quiet place for the child to rest and retreat when overwhelmed
Cerebral Palsy	Stiffness and lack of balance and coordination	Provide a balance ball for play that develops core strength

Additional Required Training Topics: Safe Handling and Disposal of Hazardous Materials

The Environmental Protection Agency (EPA) is an independent executive agency of the United States federal government tasked with environmental protection matters. The EPA considers some leftover household products that can catch fire, react, or explode under certain circumstances, or that are corrosive or toxic as household hazardous waste. Products, such as paints, cleaners, oils, batteries, and pesticides can contain hazardous ingredients and require special care when you dispose of them.

Four Conditions of Hazardous Waste

Ignitability means that the waste can easily catch on fire. It is considered flammable if the flash point is less than 140 degrees Fahrenheit.

Corrosive wastes are acids/bases that are capable of corroding metal containers.

Reactive wastes are unstable under normal conditions. They can cause explosions, toxic fumes, gases or vapors when heated.

Toxic types of wastes are potentially fatal or harmful when absorbed or ingested. They can pollute groundwater if not disposed of properly.



Examples of common household hazardous wastes:

- Fuels
- Pesticides
- Yard care chemicals
- Many cleaning supplies
- Batteries
- Cooking oil
- Automotive fluids and products
- Aerosols
- Fluorescent light bulbs
- Devices that contain mercury
- Televisions/monitors
- Computers
- Cell phones
- Paint

To avoid the potential risks associated with household hazardous wastes, it is important to monitor the **use**, **storage**, and **disposal** of products with potentially hazardous substances.

Improper disposal can include pouring them down the drain, on the ground, into storm sewers, or in some cases putting them out with the regular trash.

Safe Use

Read labels and follow instructions.

Wear protective equipment when recommended.

Safe Storage

All hazardous wastes must be:

inaccessible to children,
stored in their original containers, and
labeled.

Follow any additional, specific instructions for storage that may be on the label.

Corroding containers, however, require special handling. Call your local hazardous materials official, health department or fire department for instructions.

Safe Disposal

When leftovers remain, **never mix** with other products. Incompatible products might **react**, **ignite**, or **explode**, and contaminated products might become unrecyclable.

Check with your local environmental, health or solid waste agency for more information on HHW management options in your area.

Even empty containers of household hazardous waste can be dangerous because of residual chemicals that might remain. Handle them with care and continue to store the

containers safely until disposal is possible.

Additional Required Training Topics:
Prevention, Signs, and Symptoms of Child Abuse and Neglect, Including Child Sexual Abuse, and Legal Reporting

Any person who **witnesses** or **suspects** that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services or law enforcement as required in Utah Code. Call 1-855-323-3237 to report from anywhere in Utah.

There are four types of abuse: physical, emotional, sexual and neglect.

Physical Abuse		Emotional Abuse	
Physical Indicators Unexplained Bruises Unexplained Burns Unexplained Welts Confinement	Behavioral Indicators Easily Frightened Wary of Physical Contact Afraid to Go Home Destructive to Others or Self	Physical Indicators Delayed Physically Ulcers Developmental Lags	Behavioral Indicators Poor Self-Esteem Difficulty Expressing Feelings Problems with Relationships Habit Disorders

Sexual Abuse		Neglect	
Physical Indicators Bed Wetting Soiling Chronic Constipation Urinary or Yeast Infections Physical Signs	Behavioral Indicators Withdrawal or Depression Poor Self-Esteem Lack of Eye Contact Inappropriate Sexual Knowledge	Physical Indicators Abandonment Thin, Starvation Lack of Supervision Lack of Medical Care Frequently Absent or Tardy Poor Hygiene	Behavioral Indicators Steals, Beggars Self-Destructive Failure to Thrive

		Inadequate clothing	
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Individuals and families have different personal values when it comes to which names they use for private parts and their comfort in talking about bodily function and reproduction. Review this chart on child behaviors and development to learn what is normal for children at various age groups.

Child Behaviors and Development: What is Normal?	
Children younger than 4 years old	<ul style="list-style-type: none"> • Exploring and touching body parts in both public and private • Showing private parts to others • Removing clothing and wanting to be naked • Attempting to see others while they are naked or undressing • Asking questions about bodily functions
Children 4-6 years old	<ul style="list-style-type: none"> • Purposefully touching private parts, sometimes in the presence of others • Attempting to see others while they are naked or undressing • Mimicking dating behavior (holding hands, kissing) • Exploring private parts with children their age • Talking about private parts and experimenting with related vocabulary
Children 7-12 years old	<ul style="list-style-type: none"> • Exploring and touching body parts in private • Playing games with children their age that involve sexual behavior (Truth or Dare, Playing Family) • Seeking and/or looking at pictures of naked people • Wanting more privacy • Beginnings of sexual attraction to/interest in peers

Play or exploration is typical or normal when:

Occurs between children who play together regularly and know each other well

Occurs between children of the same general age and physical size

Is infrequent

Is voluntary

Is easily diverted when caregivers tell children to stop (ex: "That is not something we do at Ms. Sara's house. Let's go play blocks!")

Behaviors that indicate more than harmless curiosity includes any act that:

Is clearly beyond the child's developmental stage
Involves threats, force or aggression or provokes strong emotional reactions
Involves children of widely different ages or abilities.

Additional Required Training Topics: Principles of Child Growth and Development, Including Brain Development

The main areas of development include physical, social, emotional, cognitive, and language.

Physical: Physical changes in the body that typically occur in predictable sequence. Physical skills include both gross and fine motor skills. Gross motor skills include running, jumping, skipping, and climbing. Fine motor skills include coloring, buttoning clothing and using scissors.

Social: Learning to relate to others including sharing, playing, encouraging and helping.

Emotional: Awareness of self and the ability to express feelings including identifying and expressing emotions, and understanding the feelings of others.

Cognitive: Processes used to gain knowledge including thinking, problem solving, and evaluating.

Language: The ways in which a person understands and communicates, including (but not limited to) spoken words including talking, listening, singing, writing, and responding.

Brain Development

90% of brain growth happens before Kindergarten.

At birth, the average baby's brain is about a quarter of the size of the average adult brain. Incredibly, it doubles in size in the first year. It keeps growing to about 80% of adult size by age 3 and 90% – nearly full grown – by age



5.

Neurons (specialized nerve cells) are present in the brain at birth, but have not developed connections or “synapses”. These connections are formed as children interact with the world through their senses and shape the way the child will think, feel, behave or learn in the future.

It is crucial that children have opportunities for brain development through interaction and stimulation.

Stress

Cortisol is a stress hormone that when released in incorrect levels, over time, inhibits healthy development.

Chronically elevated cortisol in infants is shown to be associated with permanent brain changes that lead to elevated responses to stress throughout life, such as higher blood pressure and heart rate.

High levels of cortisol can wear down the brain's ability to function properly. According to several studies, chronic stress impairs brain function in multiple ways.

The Spectrum of Stress:

From the Center on the Developing Child, Harvard University, **Positive stress response** is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new caregiver or receiving an injected immunization.

Tolerable stress response activates the body’s alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver

substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Positive Stress: Brief increases in heart rate, mild elevations in stress hormone levels.

The first day with a new caregiver, getting a shot, being told “no”

Tolerable Stress: Serious, temporary stress responses buffered by supportive relationships.

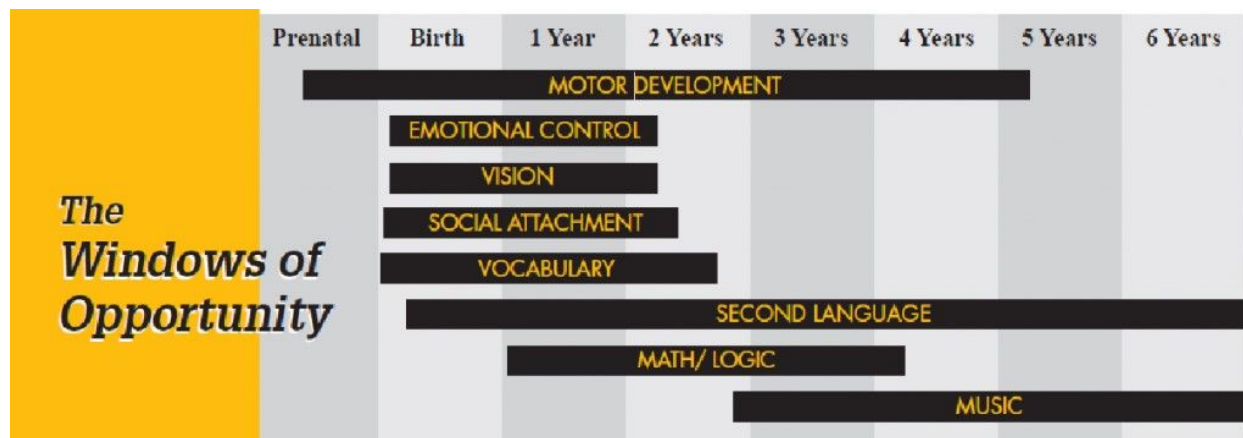
The loss of a loved one, a natural disaster or a frightening injury

Toxic Stress: Prolonged activation of stress response systems in the absence of protective relationships.

Abuse, neglect or other traumatic experiences without adequate adult support

Windows of Potential:

There are windows of opportunity when a child's brain is highly susceptible to environmental experiences. There are times when specific kinds of learning must take place for your child to develop to the fullest. These windows for the development are staggered throughout development.



*Image from [SafeGard Classes Online](#)

Serve and Return

“Serve and Return” is fundamental to the growth of the brain. Serve and return works like

a game of tennis or volleyball between child and caregiver. The child “serves” by reaching out for interaction—with eye contact, facial expressions, gestures, babbling, or touch. A responsive caregiver will “return the serve” by speaking back, playing peekaboo, or sharing a toy or a laugh. Caregivers who give attention, respond and interact with a child are literally building the child’s brain. It’s crucial to talk, sing, read, and play with young children from the day they’re born.

Caring, Responsive Relationships

Loving relationships with responsive, dependable adults are essential to a child’s healthy development.

From birth, young children serve up invitations to engage with their parents and caregivers. Infants do it by cooing, smiling and crying.

Toddlers communicate their needs and interests more directly. Each of these little invitations is an opportunity for the caregiver to be responsive to the child’s needs. Responsive builds trust.

Additional Required Training Topics:

Prevention of Shaken Baby Syndrome and Abusive Head Trauma, and Coping with Crying Babies

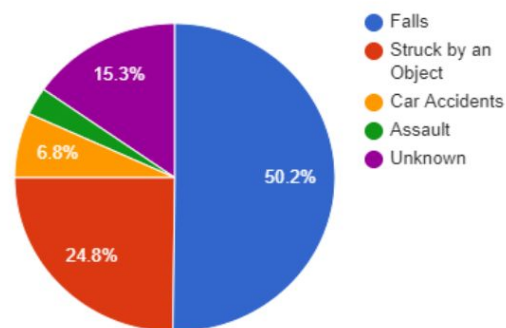
What is Shaken Baby Syndrome/Abusive Head Trauma?

Abusive head trauma (AHT), which includes shaken baby syndrome is a form of physical child abuse that results in an injury to the brain of a child. AHT is caused by violent shaking and/or with blunt impact. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes.

Types of Traumatic Brain Injuries (TBI)

- **Concussion** is a mild head injury that can cause a brief loss of consciousness and usually does not cause permanent brain injury.
- **Contusion** is a bruise to a specific area of the brain caused by an impact to the head
- **Diffuse axonal injury (DAI)** is a shearing and stretching of the nerve cells at the cellular level. It occurs when the brain quickly moves back and forth inside the skull, tearing and damaging the nerve axons
- **Traumatic Subarachnoid Hemorrhage (tSAH)** is bleeding into the space that surrounds the brain.
- **Hematoma** is a blood clot that forms when a blood vessel ruptures. Blood

TBIs in Children



that escapes the normal bloodstream starts to thicken and clot.

Symptoms of TBI typically fall into four categories

Thinking/ Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache Fuzzy or blurry vision	Irritability	Sleeping more than usual
Feeling slowed down	Nausea or vomiting (early on) Dizziness	Sadness	Sleep less than usual
Difficulty concentrating	Sensitivity to noise or light Balance problems	More emotional	Trouble falling asleep
Difficulty remembering new information	Feeling tired, having no energy	Nervousness or anxiety	

Some symptoms may appear right away, others may not be noticed for days or months after the injury.

Infants and TBIs

Infants are at high risk for traumatic brain injury. They have weak neck muscles and often struggle to support their heavy heads. If forcefully shaken, their brain moves back and forth inside the skull causing bruising, swelling, and bleeding. Shaken baby syndrome usually occurs when a parent or caregiver severely shakes a baby or toddler due to frustration or anger, often because the child won't stop crying.

Shaken baby syndrome is **not** caused by gently tossing a baby during play, bouncing a baby on your knee, a fall, or jogging or bicycling with the infant.

Complications of TBIs

Traumatic brain injuries can cause irreversible brain damage. Many children affected

by traumatic brain injuries die. Survivors of traumatic brain injuries may require lifelong medical care for conditions such as:

- Partial or total blindness
- Developmental delays, learning problems or behavior issues
- Intellectual disability
- Seizure disorders
- Cerebral palsy

TBI Prevention

Buckle Up Every Ride – Wear a seat belt every time you drive – or ride – in a motor vehicle.

Never shake a child of any age.

Make living and play areas safer for children.

Install window guards to keep young children from falling out of open windows.

Use safety gates at the top and bottom of stairs when young children are around.

Prevent falls with supervision and by using equipment as intended.

Make sure your playground has soft material or cushioning under it.

Require the use of a helmet, or appropriate headgear, when children:

- Ride a bike, motorcycle, snowmobile, scooter, or use an all-terrain vehicle;
- Play a contact sport, such as football, ice hockey, or boxing;
- Use roller skates or ride a skateboard; and
- Bat and run bases in baseball or softball.

When to See a Doctor

Seek immediate help if you suspect a child has a traumatic brain injury. Contact the child's doctor or take the child to the nearest emergency room. Getting medical care right away may save the child's life or minimize long term serious health problems.

The Period of Purple Crying

The Period of PURPLE Crying® is the phrase used to describe the time in a baby's life when they cry more than any other time. Visit <http://www.purplecrying.info/> for videos and articles on sleeping, soothing, crying, and protecting infants.

Coping With Crying Babies

When there is an infant in care who is crying more than seems typical use these tools to respond:

- Ensure children's physical needs are met. Check the child's diaper. Adjust the child's

clothing to ensure the child is not too hot or too cold. Offer the child a bottle, snack, pacifier and comfort. Check for anything causing discomfort like a tag, ill fitting clothing, or a hair tourniquet.

- After the child's physical needs have been addressed, the child may continue to cry. If there is someone else available, have them take over and take a break. If there is not someone else available, place the child in a safe place like a crib while you take a break or address the needs of other children.
- Keep parents informed if their child is crying excessively. Children may need medical attention or parents may be able to offer helpful advice.

Remember:

- Crying is meant to be an irritating sound.
- Don't take crying personally.
- A crying child does not mean you aren't a good caregiver.
- Everyone gets frustrated. Be aware of your frustration level and have coping strategies in place ahead of time.

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Prevention of Shaken Baby Syndrome and Abusive Head Trauma, and Coping with Crying Babies

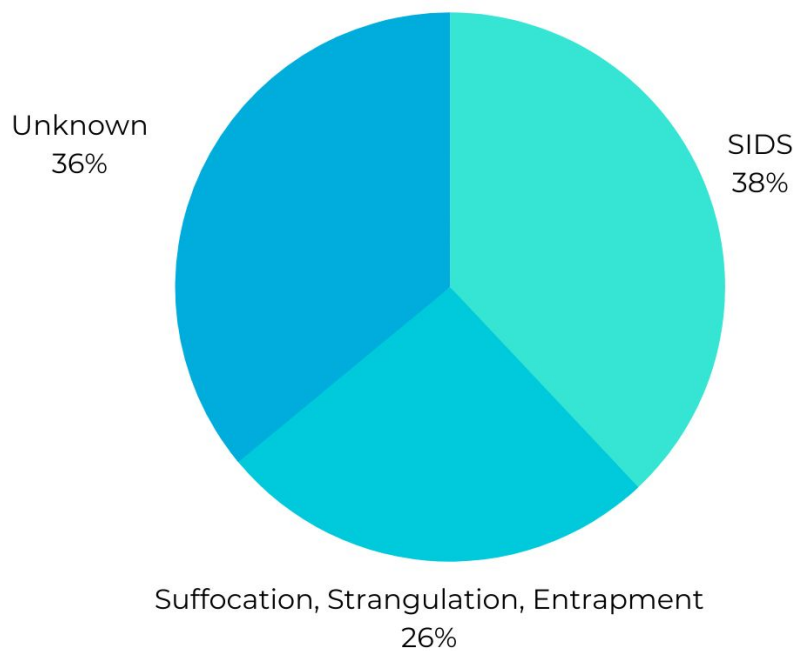
What is SIDS

“The sudden death of an infant **under one year** of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

(American SIDS Institute, 2018)

Other Causes of Accident Related Infant Death

- Suffocation: when something, such as a pillow, or someone covers the infant’s face and nose, blocking the ability to breathe.
- Entrapment: when the infant gets trapped between two objects, such as a mattress and a wall, and can’t breathe.
- Strangulation: when something presses on or wraps around the infant’s neck, blocking the airways.



SIDS

by Baby's Age

Sudden Infant Death Syndrome (SIDS)

is the leading cause of death among infants between 1 month and 1 year of age.

Age by Month

1	2	3	4	5	6	7	8	9	10	11	12
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Even though SIDS can occur any time during a baby's first year, **most SIDS deaths** occur in babies between **1 and 4 months** of age.

SIDS is less common after 8 months of age, but parents and caregivers should continue to follow safe sleep practices to reduce the risk of SIDS and other sleep-related causes of infant death until baby's first birthday.

More than
90%
of all SIDS deaths occur
before 6 months
of age

72%
of SIDS deaths occur in
Months 1-4

To reduce the risk of SIDS and other sleep-related causes of infant death:

- ▶ Always place baby on his or her back to sleep, for naps and at night.
- ▶ Share your room with baby. Keep baby close to your bed, on a separate surface designed for infants.
- ▶ Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.
- ▶ Breastfeed your baby to reduce the risk of SIDS.



Learn more about ways to reduce the risk of SIDS and other sleep-related causes of infant death at

<http://safetosleep.nichd.nih.gov>

*For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.



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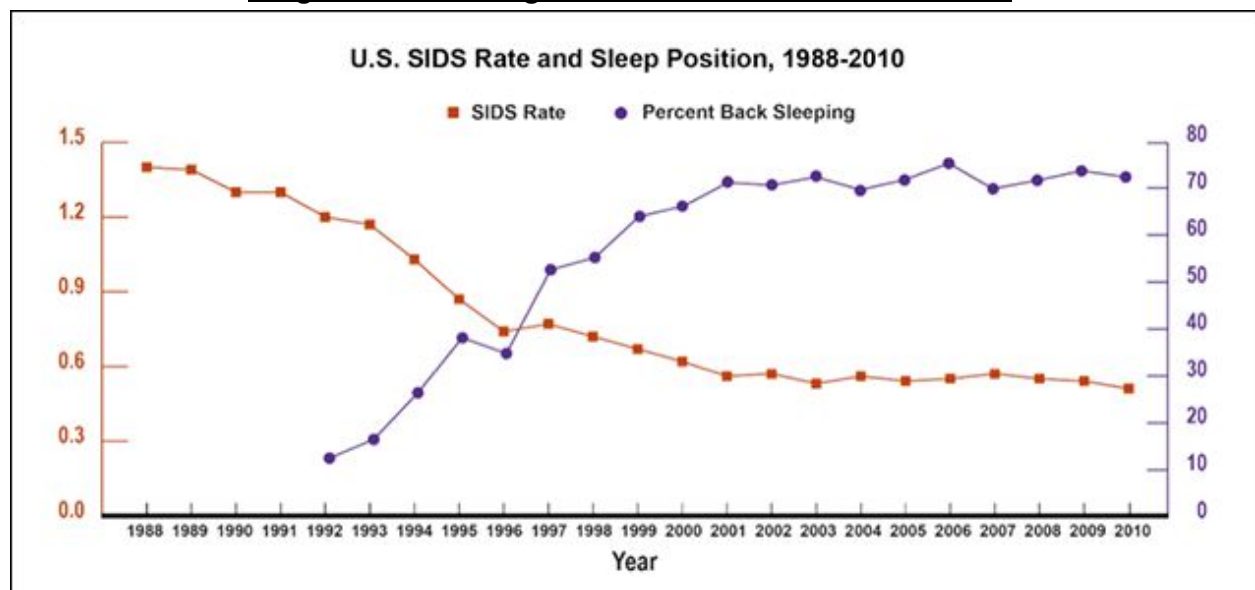
Eunice Kennedy Shriver National Institute of Child Health and Human Development



Prevention

- Never place an infant to sleep on a soft surface, such as on a couch, sofa, waterbed, pillow, quilt or blanket. A carseat, stroller, or similar product is not safe sleep equipment.
- Do not use crib bumpers in the sleep area. Evidence does not support using crib bumpers to prevent injury. Crib bumpers can cause serious injuries and even death. Crib bumpers are linked to serious injuries and deaths from suffocation, entrapments, and strangulation.
- Do not put soft objects, toys, stuffed animals, pillows, or loose blankets in the sleep area. Keeping these items out of the sleep area reduces the risk of SIDS as well as reduces the risk of suffocation, entrapment, and strangulation.
- Offer infants a pacifier. Pacifiers reduce the risk of SIDS for all infants, including breastfed infants. If the pacifier falls out of the infant's mouth during sleep, there is no need to put the pacifier back in.
- Only one infant in each piece of sleeping equipment.
- Be sure the temperature in the room is not too warm. Do not overdress infants and watch for signs of overheating, such as sweating or the infant's chest feeling hot to the touch.
- Ensure infants are not exposed to smoke.
- Place infants on their back for sleeping. Placing an infant on their stomach increases the risk of sudden death by 13 times.

Progress In Reducing SIDS: National Institute of Health



Since 1992, when the American Academy of Pediatrics began recommending this sleep position the annual SIDS rate has declined more than **50 percent**.

Additional Required Training Topics:

Recognizing the Signs of Homelessness and Available Assistance

Homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Homelessness can look like many things, including:

- Staying at a motel
- Couch-surfing
- Sleeping in a car
- Sleeping in a park or other public place
- Staying at a homeless or emergency shelter
- Sleeping in an abandoned building



Child Care Aware of America: Facts on Homelessness

- Over one million children under six experience homelessness nationwide at any given time.
- A person is most likely to experience homelessness during their childhood years.
- Homelessness during the first five years is linked to increased risks for developmental delays, health and social-emotional problems into the school-age years.
- High-quality early care and education buffers children and families from the challenges and risks of homelessness, yet children in homeless situations are less likely to participate in stable and nurturing early childhood programs, compared to their peers.

Effects of Homelessness on Children: American Psychology Association, 2018

- A quarter of homeless children have **witnessed violence** and 22% have been separated from their families. Exposure to violence can cause difficulties both emotionally and behaviorally.
- Schooling is often disrupted, negatively affecting academic outcomes. Homeless children are twice as likely to have a learning disability, repeat a grade, or be suspended from school.
- Half of school age homeless children experience problems with depression or anxiety and one in five homeless preschoolers have emotional problems that require professional care.

Identifying Homeless in Children and Families

Indicators a child may be experiencing homelessness include:

Health and Nutrition Indicators:	Hygiene Indicators
<ul style="list-style-type: none">• Lack of immunizations or records• Unmet medical or dental needs• Chronic hunger• Fatigue	<ul style="list-style-type: none">• Changes or inconsistency in grooming• Wearing same clothing repeatedly
Social and Behavioral Indicators:	Reactions/Statements:
<ul style="list-style-type: none">• Change in behavior• Poor self esteem• Extreme shyness• Difficulty socializing	<ul style="list-style-type: none">• Hesitant to give their address or is embarrassed when asked• Mention of staying in different places

Child Care Professionals are in a unique position to help. Child care providers reinforce routines and offer secure, high quality and nurturing care to children to promote healthy development and growth. Overwhelmed parents and caregivers can more easily focus on meeting their goals toward stable housing and employment/training if they know their child is safe and receiving quality care.

Available Resources

2-1-1 is an easy-to-remember, three-digit number that brings people and services together.

2-1-1 is Free, confidential and for everyone.

For times when you don't know what to do, who to call, or even what to ask, **dial 2-1-1!**



Get Help. Give Help.
United Ways of Utah

The Department of Resources (DWS)

DWS has many resources and available assistance for food, child care, medical, financial, disability and unemployment insurance.



The Temporary Assistance for Needy Families (**TANF**) program provides grant funds to states and territories to provide families with financial assistance and related support services including child care assistance, job preparation, and work assistance.



The Supplemental Nutrition Assistance Program (**SNAP**) provides a monthly supplement for purchasing nutritious food. If you qualify, you'll get a debit card to use for groceries.



The Special Supplemental Nutrition Program for Women, Infants, and Children (**WIC**) is a federal assistance program for healthcare and nutrition of low-income pregnant women, breastfeeding women, and children under the age of five.



The Children's Health Insurance Program, (**CHIP**) is a state health insurance plan for uninsured Utah kids and teens.